

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 82

17
CE OF DEATH
AND 29
AL RESIDENCE
0368

DECEDENT 3
PERSONAL DATA 183
7
158

333X
CAUSE OF DEATH (ITEM 18)
6
6

OPERATIONS, AUTOPSY 3

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

MUNICIPAL DIRECTOR AND REGISTRAR 85

133

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 33 yrs IN ARIZONA 33 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) & COUNTY A. STATE Arizona	
C. CITY OR TOWN Phoenix		D. IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>		C. CITY OR TOWN Phoenix	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Good Samaritan Hospital				D. STREET ADDRESS (IF BURIAL, GIVE LOCATION) Westward Ho Hotel	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) LOIS		B. (MIDDLE)		C. (LAST) MARSHALL	
6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH May DAY 9 YEAR 1873		8. AGE (IN YEARS LAST BIRTHDAY) 84	
9B. KIND OF BUSINESS OR INDUSTRY At home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
14A. FATHER'S NAME William E. Kinsey		14B. BIRTHPLACE (STATE OR COUNTRY) Ohio		15A. MOTHER'S MAIDEN NAME Elizabeth Dole	
16. INFORMANT'S SIGNATURE Mr. Morton L. Kinsey, (brother) Scottsdale, A.				17. DATE OF DEATH (MONTH) JANUARY (DAY) 6th, (YEAR) 1958	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		MEDICAL CERTIFICATION (A) Cerebral Thrombosis DUE TO (B) General arteriosclerosis DUE TO (C)	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM November 14 TO January 6 19 58 . THAT I LAST SAW THE DECEASED ALIVE ON January 6 , 19 58 , AND THAT DEATH OCCURRED AT 8:53p. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE Wm. B. Baldwin		22B. ADDRESS W. P. 550 W. Thomas Rd. Phx, Ari.		22C. DATE SIGNED Jan. 7, 1958	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		25B. DATE Jan. 12, 1958		25C. NAME OF CEMETERY OR CREMATORY	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Indianapolis, Indiana		26A. DATE REC. BY LOCAL REG. 1/18/58		26B. REGISTRAR'S SIGNATURE Bulah J. Luster	
27A. FUNERAL DIRECTOR'S SIGNATURE O. See None		27B. ADDRESS P. L. MOORE & SONS		27C. EMBALMER'S SIGNATURE James Stalling	
27D. EMBALMER'S SIGNATURE		27E. EMBALMER'S CERT. NO. 310			